DLN: 93493128008967

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/foim990

_	al Revenue Serv								
		alendar year, or tax year C Name of organization	beginning 07-01-2015 , and ending 06-	-30-2016	D Empl	over ide	ntification number		
	eck ıf applicable ddress change	THE SCHOTT FOTN FOR P	JBLIC EDUCATION			-			
·	ame change	Doing business as				45706	5		
<u> </u>	nitial return	Bomig Business as			- T 1				
Fi return,	inai /terminated	Number and street (or P C 675 MASSACHUSETTS AVE	box if mail is not delivered to street address) F NUF 8TH FLOOR	Room/suite		none num			
<u> </u>	nended return plication pendin		nnce, country, and ZIP or foreign postal code		(61/)876-7	7700		
l Wh	plication periolii	CAMBRIDGE, MA 02139	inter, country, and Extra or to eight postal code		G Gross	receipts :	\$ 5,564,317		
		F Name and address of	f principal officer	H(a)	Is this a grou	p ret urn	for		
		JOHN H JACKSON 675 MASSACHUSETT	S AVENUE 8TH FLOOR		subordinates	?	☐ Yes 🔽		
		CAMBRIDGE, MA 02:	139	Н(ь)	No A re all subord	dinates	□Yes □ No		
	x-exempt statu	501(c)(3) 501(c)	:) () ◀ (insert no)	527	included? If "No." attac	h a list	(see instructions)		
J W	ebsite: ► W	WW SCHOTTFOUNDATI	ON ORG	H(c)					
K For	m of organizatio	n 🔽 Corporation 🦳 Trust	Association	L Ye	ear of formation 1	999 M	State of legal domicile MA		
Da	rt I Sur	nmary							
		· · · · · · · · · · · · · · · · · · ·	mission or most significant activities						
			URPOSE OF THE CORPORATION IS T				` '		
			HARITABLE AND EDUCATIONAL PURI BROAD-BASED AND REPRESENTATIV						
m.			CATION, AND (3) TO ENGAGE IN AN						
2		IN PURSUIT OF THE FO	REGOING PURPOSES, EXCEPT AS SP	ECIFICALLY	RESTRICTED	BYIME	ARTICLES OF		
Governance									
0 Ve									
	2 Check t	this box ▶ ┌─ if the organi	zation discontinued its operations or dis	posed of more	than 25% of it	s net as	ssets		
Activities &									
TI VII		-	governing body (Part VI, line 1a)			3	9		
AC			embers of the governing body (Part VI, li oyed in calendar year 2015 (Part V, line	•		5	9 15		
		•	nate if necessary)	•		6	9		
		•	from Part VIII, column (C), line 12			7a	10,000		
	b Net unre	lated business taxable in	come from Form 990-T, line 34			7b	0		
					Prior Year		Current Year		
<u>a</u> i			VIII, line 1h)		4,707	,372	5,253,010		
Ravenue		stment income (Part VIII		382	,543	261,735			
å		r revenue (Part VIII, colu		20	,000	10,000			
		l revenue—add lines 8 thr	ough 11 (must equal Part VIII, column	(A), line	5,109	,915	5,524,745		
	12) 13 Gran	ts and similar amounts pa	ud (Part IX, column (A), lines 1-3) .		2,190	.890	2 ,838,800		
		·	s (Part IX, column (A), line 4)		2,230	0	0		
r)	1		employee benefits (Part IX, column (A),	, lines	1,504	.465	1,675,477		
Expenses	5-10 16a Profe	,	(Part IX, column (A), line 11e)	-	•	0	. , ,		
x b e		fundraising expenses (Part IX, o	, ,,	· · ·					
ш			mn (A), lines 11a-11d, 11f-24e)		799	,998	842,326		
	18 Tota	l expenses Add lines 13-	·17 (must equal Part IX, column (A), line	e 25)	4,495	,353	5,356,603		
- 0	19 Reve	nue less expenses Subtr	act line 18 from line 12		614	,562	168,142		
Net Assets or Fund Balances				Begı	nning of Current	Year	End of Year		
Ssel	20 Tota	assets (Part X, line 16)			9,862	,341	10,448,492		
P to		•	5)		1,400	_	2,153,197		
			ubtract line 21 from line 20		8,461	,622	8,295,295		
		nature Block f perjury, I declare that I	nave examined this return, including acc	companying s	hedules and st	atemen	ts, and to the best of		
my k		l belief, it is true, correct,	and complete Declaration of preparer (
	i ci ilas dily l	THO WIE LUYE							
	Sig	*** * nature of officer			2017-04-12 Date				
Sigr Her	1 '	HN H JACKSON PRESIDENT AND) CFO						
	301	pe or print name and title	, c.c.						
		Print/Type preparer's name JOSEPH M GISO	Preparer's signature JOSEPH M GISO	Date 2017-04-	12 Check I if	PTIN P00030	0126		
Paid		Firm's name CBIZ TOFIAS			self-employed Firm's EIN ▶				
	parer Only	Firm's address ► 500 BOYLSTO				hone no (617) 761-0600			
1100					1				

BOSTON, MA 02116

May the IRS discuss this return with the preparer shown above? (see instructions)

√Yes No

Form 990 (2015)

Form	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
	7 11 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	1 1a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII **	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Νo
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No ——
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

,,,	(2013)		
TV	Chacklist of Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d	24-		No

Nο

Nο

Nο

Νo

Νo

Νo

Νo

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Nο

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24d

25a

25b

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35b

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Yes

Yes

Yes

Yes

Form 990 (2015)

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Form	990 (2015)			Page 5				
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance							
-	Check if Schedule O contains a response or note to any line in this Part V		 Yes	· No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 28		163	140				
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No				
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?							
		5c 6a						
	 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 							
	were not tax deductible?	6b						
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and converse provided to the payor?	7a		Νo				
b	services provided to the payor?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Νo				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Νo				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]] !				
11	Section 501(c)(12) organizations. Enter							
a	Gross income from members or shareholders							
D	against amounts due or received from them)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a						
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo				
b	If "Yes," has it filed a Form 720 to report these payments ^{2}If "No," provide an explanation in Schedule O	14b						

Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

interest policy, and financial statements available to the public during the tax year

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10	0b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					.
Se	ction A. Governing Body and Management				_	
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets?	5		Νo
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	l by)	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active by the following	ons u	ndertaken durıng the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
Se	ction B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	even	ue Cod	e.)
					Yes	No
					1	

10a Did the organization have local chapters, branches, or affiliates? . 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Did the organization have a written whistleblower policy? 13 Yes 14 Did the organization have a written document retention and destruction policy? . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes ${f b}$ Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records ▶HEIDI BROOKS 675 MASSACHUSETTS AVENUE 8TH FLOOR CAMBRIDGE, MA 02139 (617) 876-7700

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

MA, NY

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than son is	one bot	not bo: th a:	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	individual trustee or director	Institutional Truster	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) GREG JOBIN-LEEDS	1 00										
CO-CHAIR	0 00	х		×			ļ	0	0	0	
(2) BAISHALI RINKU SEN	1 00							0	0	0	
CO-CHAIR	0 00	X		×				U	0	0	
(3) MIREN URIARTE CLERK	1 00	x		×				0	0	0	
(4) MARIA JOBIN-LEEDS TREASURER	1 00	х		х				0	0	0	
(5) MAISIE CHIN	1 00	ļ .,									
BOARD DIRECTOR	0 00	Х						0	0	0	
(6) ANDREW GILLUM	1 00	x						0	0	0	
BOARD DIRECTOR	1 00	^									
(7) JACKIE JENKINS-SCOTT	1 00	х						0	0	0	
BOARD DIRECTOR	0 00										
(8) LILO LEEDS BOARD DIRECTOR	1	x						0	0	0	
	1 00				_		┝				
(9) SHARON LETTMAN-HICKS		x						. 0	О	α	
BOARD DIRECTOR	0 00										
(10) ANTONIA DARDER BOARD DIRECTOR	1	×						0	0	0	
(11) DEBORAH LABELLE BOARD DIRECTOR	1 00	х						0	0	0	
(12) JOHN H JACKSON	40 00		-		-		-	-	-	,	
PRESIDENT & CEO	1 00			x				380,606	0	51,769	
(13) CASSIE SCHWERNER	40 00										
SENIOR VP OF PROGRAMS	0 00			×				169,057	0	42,467	
(14) HEIDI BROOKS	40 00								_		
CHIEF OPERATING OFFICER	0 00				×			165,804	0	17,795	
		1		\vdash	t		\vdash				

Part VII Section A. Officers,	Directors, Tru	stees,	Key	Emp	oloy	ees, a	nd I	Highest Compens	ated Employees	(continued)
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W-							(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	dotted line)	Individual trustee or director	Institutional Trustee		ployee	Highest compensated employee				
							_			
		-	_				<u> </u>			
1b Sub-Total						. •				
c Total from continuation shee d Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·		•	٠.	٠.	•		715,467	0	112,031
Total number of individuals (i \$100,000 of reportable comp						d abov	re) w	ho received more t	nan	
										Yes No

3	Did the organization list any former officer, director or trus	tee	, key	em/	ploy	/ee,	orl	high	est	com	pen	sa
	on line 1a? If "Yes," complete Schedule J for such individual	•	•	•			•					

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

ated employee

3

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5

nt	t (CO	n	tr	а	C.	to	Ī

Section B. Independer rs

3

-	compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
	(A) Name and business address	(B) Description of services	(C) Compensation								
		·	·								

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 0

Nο

Nο

Part V	Ш	tatement of Revenue						
		Check if Schedule O contains a resp	onse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Grants mounts	1a b	Federated campaigns 1 Membership dues 1	b				312 31 .	
, Gifts, C nilar An	c d e	Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines						
Contrand C	_	1a-1f \$ Total. Add lines 1a-1f		5,253,010				
Revenue	2a b		Business Code					
Program Service Revenue	c d e							
Program	f	All other program service revenue Total. Add lines 2a-2f						
	3	Investment income (including divide and other similar amounts) Income from investment of tax-exempt bond	▶	301,307.			301,307	
	5 6a	Royalties	▶ (II) Personal					
	b c	Less rental expenses Rental income or (loss)						
	d 7a	Net rental income or (loss) (i) Securities Gross amount from sales of	▶ (II) O ther					
	ь	assets other than inventory Less cost or other basis and 39,572						
	c d	Gain or (loss) Net gain or (loss) -39,572		-39,572			-39,572	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18						
Other	c							
		See Part IV, line 19	a b					
		Net income or (loss) from gaming ac Gross sales of inventory, less returns and allowances .	tivities					
	l	a Less cost of goods sold b Net income or (loss) from sales of in	ventory ▶					
	11a b	Miscellaneous Revenue MANAGEMENT FEE-RELATED	Business Code 561000	10,000		10,0 0 0		
	c d	All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See Instructions .	· · · · •	10,000 5,524,745	0	10,000	261,735	
							orm 990 (2015)	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Solicity and Solicity of Summations must complete un contains Amount organizations must complete contains (A)

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,838,800	2,838,800		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	826,219	388,351	405,849	32,019
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	692,715	324,309	254,880	113,526
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	25,136	10,356	14,780	
9	Other employee benefits	70,708	22,465	37,413	10,830
10	Payroll taxes	60,699	32,484	18,392	9,823
11	Fees for services (non-employees)				
а	Management	3,250		3,250	
b	Legal	3,780	1,462	2,318	
С	Accounting	136,831		136,831	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	40,401		40,401	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	120,941	102,002	6,268	12,671
12	Advertising and promotion	535	535		
13	Office expenses	58,304	15,215	38,689	4,400
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	158,898	12 4,2 74	26,684	7,940
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,104	38,719	131	1,254
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,747	6,302	8,129	2,316
23	Insurance	11,803	474	11,329	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	RENT & UTILITIES	157,598	70,191	80,218	7,189
b	TELEPHONE	25,295	16,949	7,011	1,33 5
c	PRINTING & PUBLICATIONS	7,802	7,433	220	149
d	SOFTWARE FEE/MAINTENANC	6,418	859	3,461	2,098
е	All other expenses	53,619	41,088	11,260	1,271
25	Total functional expenses. Add lines 1 through 24e	5,356,603	4,042,268	1,107,514	206,821
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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25.329

50.145

32.334

9,862,341

202.719

1,198,000

1,400,719

1,618,739

6.842.883

8,461,622

9,862,341

6 937 057

158,921

100,741

10a

10b

191 430 3.074.481 880,000 25.744

18.662

58,180

34,030

193, 197 1,960,000

2,153,197

1,765,430

6.529.865

8,295,295

10,448,492

Form 990 (2015)

10,448,492

6 165 965

Form 990 (2	2015)							Pad	ge 1
Part X	Balance Sheet								
	Check if Schedule O contains a response or note to any line in this Part \boldsymbol{X}								$\cdot \sqcap$
				A)				B)	

Form 990 (2	2015)			Page 1
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	339,764	1	191,4
2	Savings and temporary cash investments	2,273,150	2	3,074,4
3	Pledges and grants receivable, net	177,250	3	880,0
4	Accounts receivable, net	27,312	4	25,7
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

II of Schedule L

Notes and loans receivable, net

Complete Part VI of Schedule D

Less accumulated depreciation .

Other assets See Part IV, line 11

Prepaid expenses and deferred charges

Investments—publicly traded securities

Accounts payable and accrued expenses

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow 5FA5 117 (A5C 958), check here ▶

Organizations that do not follow 5FA5 117 (A5C 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Intangible assets .

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Assets

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Net Assets or Fund Balances

2a

2b

2c

3a

3b

Yes

Yes

Νo

Νo

Form 990 (2015)

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Separate basis

Separate basis

Schedule O

basis, consolidated basis, or both

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DLN: 93493128008967

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I

1

2

3

THE SCHOTT FDTN FOR PUBLIC EDUCATION

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

Employer identification number

04-3457065

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total

no)	fiscal year beginning in) 🕨	(2)2011	(2)2012	(4)2015	(4)201.	(5)23		(1). ota.
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	2,794,345	1,909,990	3, 275,477	4,706, 0 21	4	,249,638	16,935,471
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	2,794,345	1,909,990	3,275,477	4,706,021	4	,249,638	16,935,471
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							8,852,080
6	Public support. Subtract line 5							8,083,391
	from line 4							
S	ection B. Total Support							<u> </u>
(01	Calendar year fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 20	115	(f) Total
7	Amounts from line 4	2,794,345	1,909,990	3,275,477	4,706,021	4	,249,638	16,935,471
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	120,467	155,535	142,766	182,311		301,307	902,386
9	Net income from unrelated business activities, whether or not the business is regularly carried on	35,000	20,000	20,000	20,000		10,000	1 05 ,000
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	74,673			1,351		3,372	79,396
11	Total support. Add lines 7 through 10							18,022,253
12	Gross receipts from related activit	ies, etc (see ins	tructions)			12		

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	44 850 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	23 640 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization ▶▽

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sche	dule A (Form 990 or 990-EZ) 2015						Page:
Pa	art III Support Schedule f						
	(Complete only if you						fy under Part
	II. If the organization	fails to qualif	y under the tes	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support Calendar year		1	<u> </u>	ı		1
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
1	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any "unusual grants ")	í	-				
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose		ļ				
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf		-				
5	The value of services or facilities furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons Amounts included on lines 2 and						
D	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year		-				
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support		1				
	Calendar year		4112042	4.32.42	4.0004.4	4.3204.5	465T 1 1
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	A mounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975	_					
с 11	Add lines 10a and 10b Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)		1.6.1.1		6.01		\(\frac{1}{2}\)
14	First five years. If the Form 990 is fo	or the organization	on's first, secona	, third, fourth, or 1	nπn tax year as a	section 501(c	
-	check this box and stop here	lia Cumpant D					<u> </u>
	ction C. Computation of Publ			12 1 (6)			
15	Public support percentage for 2015			13, column (f))		15	
16	Public support percentage from 201	.4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inve	estment Inco	me Percenta	ge			
17	Investment income percentage for 2	2015 (line 10c, c	olumn (f) divided	by line 13, colum	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line 1	.7		18	
	33 1/3% support tests—2015. If the		-		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	-		· ·			•
ь	33 1/3% support tests—2014. If the						
_	18 is not more than 33 1/3%, check	=					_
20	Private foundation. If the organization			•			
			= • •				'

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?	2		
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")?			
	If "Yes" and If you checked 11a or 11b In Part I, answer (b) and (c) below	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion describe heing controlled or supported.	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8	٠	i
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

	,	
Part IV	Supporting Organizations	(continued

Fairta	3	пррог	ung	Organiz	Lativiis	(continue	u,
0		-					_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

S	Section C. Type II Supporting Organizations							
			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1						
S	ection D. All Type III Supporting Organizations							

S	ection D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the suppoited organization(s)	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3			

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		ine orga instructi	anization supported a governmental entity. Describe in Part VI now you supported a government entity ons)	y (se	ee
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.		Yes
а	Didsu	bstantıall [.]	y all of the organization's activities during the tax year directly further the exempt purposes of the		
	suppor	ted organ	ızatıon(s) to which the organization was responsive?		

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2 <i>a</i>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3*a* each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	ck here if the organization satisfied the Integral Part Test as a qualifying tr e III non-functionally integrated supporting organizations must complete S		•	ructions. All other
		1		(B) Current Yea
S	ection A - Adjusted Net Income		(A) Prior Year	(optional)
N	et s hort-term capital gain	1		
R	ecoveries of prior-year distributions	2		
С	ther gross income (see instructions)	3		
Α	dd lines 1 through 3	4		
D	epreciation and depletion	5		
g	ortion of operating expenses paid or incurred for production or collection of ross income or for management, conservation, or maintenance of property eld for production of income (see instructions)	6		
С	ther expenses (see instructions)	7		
A	djusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1 a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	A cquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
S	ection C - Distributable Amount			Current Year
Α	djusted net income for prior year (from Section A , line 8 , Column A)	1		
Е	nter 85% of line 1	2		
M	inimum asset amount for prior year (from Section B, line 8, Column A)	3		
Е	nter greater of line 2 or line 3	4		
I	ncome tax imposed in prior year	5		
е	istributable A mount. Subtract line 5 from line 4, unless subject to mergency temporary reduction (see instructions)	6		
	ck here if the current year is the organization's first as a non-functionally-li	ntegrate	ed Type III supporting o	organization (see

1.7	THEY Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Se	ection D - Distributions			Current Year
1	Amounts paid to supported organizations to accom	plish exempt purposes		
2	A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	orted organizations, in	
3	Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anizations	
4	A mounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval re-	quired)		
6	Other distributions (describe in Part VI) See instru	ictions		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9	Distributable amount for 2015 from Section C, line	6		
10	Line 8 amount divided by Line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable A mount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
_b				
	From 2013			
	From 2014 Total of lines 3a through e			
	Applied to underdistributions of prior years			
_	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 [Distributions for 2015 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
c	Excess from 2013			
d	From 2014			
е	From 2015			
			· · · ·	(F 000 000 FT) (0.01 F

Employer Identification number

04-3457065

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

THE SCHOTT FOTN FOR PUBLIC EDUCATION

Political expenditures
Volunteer hours

Service

2

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

2015
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Par	t I-B Complete if the or	ganization is exempt under	section 501 (c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	•	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	4955	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		Yes No
4 a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to ot	her organizations	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 1120)-POL, line 17b	\$
4	Did the filing organization file F	orm 1120-POL for this year?			⊤ Yes
5	organization made payments f amount of political contribution	nd employer identification number (E: For each organization listed, enter things is received that were promptly and dispolitical action committee (PAC). If	e amount paid froi irectly delivered t	m the filing organization's for a separate political organ	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, se	e the instructions for Form 990 or 990	-EZ. C	at No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Schedule C (F	Form 990 or 990-EZ) 2015	age 2
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).	on
A Chack N	Lifthe filing erganization belongs to an affiliated group (and list in Bart IV) each affiliated group memberis name address	c EII

1	Check	•	if the filin	rganızatıon belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
			evnencec	d share of excess Johnwing expenditures)

		ying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public lobbying)	opinion (grass roots	31,000	
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying)	0	
c	Total lobbying expenditures (add lines 1a and	1b)	31,000	
d	Other exempt purpose expenditures		5,118,782	
e	Total exempt purpose expenditures (add lines	1c and 1d)	5,149,782	
f	Lobbying nontaxable amount Enter the amount	from the following table in both columns	407,489	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$5 0 0,000	20% of the amount on line 1e		
	Over \$5 0 0,000 but not over \$1,00 0 ,00 0	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,0 0 0,000 but not over \$1,500,00 0	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17 ,0 00,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of I	ine 1f)	101,872	
h	Subtract line 1g from line 1a If zero or less, er	nter -0-	0	
_	Subtract line 1f from line 1c If zero or less, en	ter -0-		

i	Subtract line 1f from line 1c If zero or less, enter	-0-			0	
j	If there is an amount other than zero on either line reporting section 4911 tax for this year?	e 1h or line 1i, did the c		orm 4720		
	(Some organizations that made a so columns below. See th		ction do not l ctions for lin	navè to comp es 2a throug		e five
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d)2015	(e) Total
2 a	Lobbying nontaxable amount	373,685	345,909	371,944	407,489	1,499,027
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,248,541
_с	Total lobbying expenditures	50,000	54,100	35,00 0	31 ,0 00	170,100
d	Grassroots nontaxable amount	93,421	86,477	92,986	101,872	374,756
e	Grassroots ceiling amount					562,134

35,000

39,100

Return Reference

	(a)	(b)
each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying vity	Yes	No	A mou	ınt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes			
Volunteers?			_	
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			_	
Media advertisements?				
Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
Grants to other organizations for lobbying purposes?		ļ		
Direct contact with legislators, their staffs, government officials, or a legislative body?			,	
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?				
Total Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
If "Yes," enter the amount of any tax incurred under section 4912				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	5 01 (c)(5),		
501(c)(6).	501(c)(5), (Yes	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	501(c)(5), (Yes	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (Yes	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?			Yes 1 2 3	;
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?	5 01(c)(5), (Yes 1 2 3 or section	on
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? THE Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	5 01(c)(5), (Yes 1 2 3 or section	on
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."	501(c "No" ()(5), (Yes 1 2 3 or section	on
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	1 501(c)(5), (Yes 1 2 3 or section	on
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c "No" ()(5), (Yes 1 2 3 or section	on
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	1 501(c "No" ()(5), (Yes 1 2 3 or section	on
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	1 501(c "No" (1 2a 2b)(5), (Yes 1 2 3 or section	on
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	1 501(c "No" ()(5), (Yes 1 2 3 or section	on
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TE III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces	2a 2b 2c 3)(5), (Yes 1 2 3 or section	on

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493128008967

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Supplemental Financial Statements

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Employer identification number Name of the organization THE SCHOTT FOTN FOR PUBLIC EDUCATION 04-3457065 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or Preservation of an historically important land area education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par		anizations Maintaining	Collections of	Art, H	istorio	al Trea	asures, or	Othe	r Similar Ass	ets
3		rganization's acquisition, acc tems (check all that apply)	ession, and other re	ecords,	check a	n y of the	following that	are a	significant use o	fits
а	Public	exhibition		d	Г	Loan or	exchange pro	grams		
b	Schola	arly research		е	Г	Other				
c	Prese	rvation for future generations								
4	Provide a d Part XIII	escription of the organization	s collecti <mark>ons an</mark> d e	x plaın h	ow they	further tl	he organizatio	n's ex	empt purpose in	
5		year, did the organization sol e sold to raise funds rather th							ılar Yes	No
Pa	Con	row and Custodial Arrange in the organization Explored in the organization Explored in the Exp		n Form	n 990,	Part IV,	line 9, or re	porte	ed an amount o	on Form 990,
1 a		nization an agent, trustee, cu Form 990, Part X?	stodian or other inte	ermedia	ry for co	ntributio	ns or other as	sets n	ot Yes	☐ No
b	If "Yes,"	explain the arrangement in P	art XIII and comple	ete the f	following	table			A mou	nt
c	Beginnin	g balance					10			
d	A dditions	during the year					10	d		
е	Distribut	ions during the year					16	2		
f	Ending ba	alance					11	f		
2 a	Did the orga	anization include an amount o	on Form 990, Part X	, line 21	l, for es	crow or c	ustodial acco	unt Iıa	bility? Yes	□ No
									·	
b		plain the arrangement in Par								<u>⊔</u>
Pa	rt V End	owment Funds. Comple	·					<u> </u>		
	-		(a)Current year 6,937,057	(b) P	nor year 6,859,		Two years back	(d) Th		e)Four years back
1a		of year balance	6,937,037		0,039,	401	6,612,188		6,435,545	1,061,270 5,000,000
b	Contributio									3,000,000
c	Net investr losses	nent earnings, gains, and	-95,092		77,	576	918,361		793,468	374,275
d		cholarships								
e	Other expe	nditures for facilities	676,000				671,068		616,825	
f	A dministra	tive expenses							<u> </u>	
g	End of year	·	6,165,965		6,937,	057	6,859, 481		6,612,188	6 ,435, 5 45
2	Provide the	estimated percentage of the	current year end ba	alance (l	line 1g,	column (a	a)) held as		<u></u>	
а	Board desic	nated or quasi-endowment >	19 000 %	·	-	·				
b		endowment ► 0 %								
c	Temporarily		81 000 %	'						
3a	·	ndowment funds not in the po	·		n that a	re held ar	nd administer	ed for t	the	Yes No
	-	d organizations							3a(i)	
	(ii) related	organizations							3a(ii)	No.
b		3a(II), are the related organiz							3b	
4	_	Part XIII the intended uses		s endow	ment fu	nds				
Pal		d, Buildings, and Equip aplete if the organization		Form	990. P	art IV. lı	ine 11a.See	Form	990. Part X. I	ine 10.
		Description of property			Cost or o	a) other basis stment)	(b) Cost or other b		Accumulated (c) depreciation	(d)Book value
	Land				(14.63		(Guici)			
	_	nprovements		.						
	Equipment			.			158	921	100,741	58,180
_е	Other	<u> </u>	<u> </u>							
T-4		- H	- + 000 0	V .	1 (2)	1 101				==

Part VII Investments—Other Secu See Form 990, Part X, line 1	2.		
(a) Description of security (including name of se		(b)Book value	(c)Method of valuation Cost or end-of-year market valu
1)Financial derivatives	,,		
2)Closely-held equity interests			
3) O ther			
		_	
otal. (Column (b) must equal Form 990, Part X, col (
Investments—Program R	Related.	90 Part IV line 11c -	
(a) Description of inve		(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of mive	stinent	(D) DOOK Value	Cost or end-of-year market valu
	e organization answered 'Yes' o	n Form 990, Part IV, line	
otal. (Column (b) must equal Form 990, Part X, col (leart IX Other Assets. Complete if the		n Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
	e organization answered 'Yes' o	n Form 990, Part IV, line	
	e organization answered 'Yes' o	n Form 990, Part IV, line	
	e organization answered 'Yes' o	n Form 990, Part IV, line	
	e organization answered 'Yes' o	n Form 990, Part IV, line	
	e organization answered 'Yes' o	n Form 990, Part IV , line	
	e organization answered 'Yes' o	n Form 990, Part IV, line	
	e organization answered 'Yes' o	n Form 990, Part IV , line	
	e organization answered 'Yes' o	n Form 990, Part IV, line	
	e organization answered 'Yes' o	n Form 990, Part IV, line	
Other Assets. Complete if the	e organization answered 'Yes' o (a) Description		(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer		(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X, line 2 Other Assets. Complete if the part X, line 2	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X, line 2 Other Assets. Complete if the part X, line 2	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer	ed 'Yes' on Form 990,	(b) Book value
otal. (Column (b) must equal Form 990, Part X, Part X Other Liabilities. Complete See Form 990, Part X, line 2 (a) Description of liability	e organization answered 'Yes' o (a) Description , col (B) line 15) e if the organization answer 5. y (b) Book valu	ed 'Yes' on Form 990,	(b) Book value

Schedule D (Form 990) 2015

1

5,149,875

2	A mounts included on line 1 b	out not on Form 9 90, Part VIII, lin e 12		
а	Net unrealized gains (losses) on investments	59	
b	Donated services and use of	facilities 2b		
c	Recoveries of prior year gran	ts 2c		
d	Other (Describe in Part XIII) 2d		
е	Add lines 2a through 2d .		2e	-334,469
3	Subtract line 2e from line 1		3	5,484,344
4	A mounts included on Form 9	90, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b . 4a 40,40	1	
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b		4c	40,401
5	Total revenue Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 12)	5	5,524,745
Part		Expenses per Audited Financial Statements With Expen	ses pe	r Return.
		anization answered 'Yes' on Form 990, Part IV, line 12a.		F 246 202
1	,	er audited financial statements	1	5,316,202
2		out not on Form 990, Part IX, line 25		
a		facilities 2a	_	
b		<u>2b</u>	_	
С		<u>2</u> c	_	
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d .		2e	0
3	Subtract line 2e from line 1		3	5,316,202
4	Amounts included on Form 9	90, Part IX, line 25, but not on line 1:		
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b 4a 40,4	01	
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b		4c	40,401
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, line 18)	. 5	5,356,603
			·	
Par	XIII Supplemental In	formation		
Part		or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and I, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part.		ride any additional
	Return Reference	Explanation		
'A RT	V, LINE 4	THE SCHOTT FOUNDATION ENDOWMENT WAS CREATED TO PRIFINANCIAL SUPPORT FOR THE SCHOTT FOUNDATION ACCORD MANAGED WITH DISCIPLINED LONGER-TERM INVESTMENT OB. DESIGNED TO MEET CASH FLOWS AND SPENDING REQUIREMENT ASSETS IS DESIGNED TO ATTAIN THE MAXIMUM TOTAL RETUR	INGLY, ECTIVE ITS MA	THESE FUNDS ARE ES AND STRATEGIES NAGEMENT OF THE

EXCEEDS THE SPENDING/PAYOUT RATE PLUS INFLATION

ACCEPTABLE AND AGREED UPON LEVELS OF RISK IT IS THE GOAL OF THE AGGREGATE LONG-TERM INVESTMENTS TO GENERATE AN AVERAGE TOTAL ANNUAL RETURN THAT

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	

Schedule I
(Form 990)

Governments

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2015

DLN: 93493128008967

					Employer identification	on number
TION					04-3457065	
Grants and	Assistance					
he grants or ass s procedures for	istance? monitoring the use o	of grant funds in the Un	ted States			√ Yes N
			plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	., for any recipient
(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
			-			
(3) and governm	ent organizations lis	ted in the line 1 table .			•	40
	ds to substantia ne grants or ass s procedures for o Domestic Orga O Part II can b (b) EIN	ds to substantiate the amount of the ne grants or assistance? s procedures for monitoring the use of the organizations and Domes of the procedures for monitoring the use of the procedure of	ds to substantiate the amount of the grants or assistance, the grants or assistance?	ds to substantiate the amount of the grants or assistance, the grantees' eligibility for a grants or assistance?	ds to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance grants or assistance?	dis to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and he grants or assistance?

Cat No 50055P

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, Jine 22 Part III can be duplicated if additional space is needed

(a)Type of grant or assistance		(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
Part IV Supplemental	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Ret urn Reference	rn Reference Explanation									

Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference		Explanat	ion							
PART I, LINE		ENABLIN THE FUN FURTHER ORGANIZ CONDUC	NG IT TO RETAIN CON IDS WERE USED FOR E RANCE OF ITS OWN E ZATION WHICH OUTI CT A PRE-GRANT INQ	ITROL AND DISCRETIO EXEMPT PURPOSES, AN XEMPT PURPOSE IN AI LINES THE GRANT AMO UIRY WHICH ADDRESSE	N AS TO THE USE OF TH D (3) LIMITING THE DIS DDITION, EACH POTENT UNT REQUESTED AND T ES THE FOLLOWING (1)	STRIBUTION OF FUNDS TO S FIAL GRANTEE MUST SUBMI THE PURPOSE OF THE GRANT THE IDENTITY, PRIOR HIST	HE UNITED STATES BY (1) I RECORDS THAT ESTABLISH THAT PECIFIC PROJECTS THAT ARE IN I A GRANT PROPOSAL TO THE THE ORGANIZATION WILL THEN ORY, AND EXPERIENCE OF THE IANCE WITH THE TERMS OF			

Additional Data

WASHINGTON, DC 20001

Software ID: Software Version:

EIN: 04-3457065

Name: THE SCHOTT FDTN FOR PUBLIC EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ADVANCEMENT PROJECT 1220 L STREET NW SUITE 850 WASHINGTON, DC 20002	95-4835230	501(C)(3)	50,000				TRAINING ON SCHOOL-TO-PRISON PIPELINE AT THE 2015 OPPORTUNITY TO LEARN SUMMIT		
ALLIANCE INSTITUTEPOWER COALITION 3321 TULANE AVENUE SUITE 101 NEW ORLEANS, LA 70119	80-0532025	501(C)(3)	15,000				TO SUPPORT LOUISIANA'S PEOPLES AGENDA FOR EDUCATION CAMPAIGN		
AMERICAN FEDERATION OF TEACHERS 555 NEW JERSEY AVE NW	52-1439116	501(C)(3)	40,000				TO SUPPORT THE 2015 OTL SUMMIT IN NEW ORLEANS		

(h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance ARKANSAS ADVOCATES 71-0492205 501(C)(3) 30,000 TO SUPPORT THE ARKANSAS FOR CHILDREN AND FAMILIES OPPORTUNITY TO 1400 WMARKHAM STREET LEARN CAMPAIGN SUITE 306 LITTLE ROCK, AR 72201

(e) Amount of non- (f) Method of valuation

(q) Description of

OPPORTUNITY TO

LEARN CAMPAIGN

ARKANSAS PUBLIC POLICY PANEL (APPP) 1308 WEST 2ND STREET LITTLE ROCK,AR 72201	71-0467088	501(C)(3)	58,000		TO SUPPORT THE ARKANSAS OPPORTUNITY TO LEARN CAMPAIGN
ARKANSAS UNITED COMMUNITY COALITION	27-5271968	501(C)(3)	20,000		TO SUPPORT THE ARKANSAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) A mount of cash

(c) IRC section

(a) Name and address of

FAYETTEVILLE, AR 72703

PO BOX 9296

(b) EIN

(b) EIN (q) Description of (h) Purpose of grant (a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance THE BOSTON ALLIANCE OF 04-2785336 501(C)(3) 20,000 TO SUPPORT LGBTQ YOUTH (BAGLY) MASSACHUSETTS 14 BEACON STREET SUITE FAIR SHARE 301 CAMPAIGN BOSTON, MA 02108 BROWN 501(C)(3) 498,000 05-0258809 TO SUPPORT UNIVERSITYANNENBERG EVALUATION OF INSTITUTE FOR SCHOOL PROGRAMS. REFORM EVALUATION OF OFFICE OF SPONSORED HEALTHY LIVING AND

LEARNING PROJECTS BOX 1929 COMMUNITIES, AND PROVIDENCE, RI 02912

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TO ADDRESS DISCIPLINE DISPARITIES IN NASHVILLE CENTER FOR LABOR 22-2604923 501(C)(3) 40,000 TO SUPPORT **EDUCATION AND RESEARCH** MASSACHUSETTS INC FAIR SHARE CAMPAIGN

3353 WASHINGTON STREET

BOSTON, MA 02130

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance CENTER FOR POPULAR 45-3813436 501(C)(3) 112,000 TO SUPPORT DEMOCRACY CAMPAIGN FOR FAIR EDUCATION 449 TROUTMAN STREET SUITEA FUNDING IN BROOKLYN, NY 11237 PENNSYLVANIA, UNITING FOR THE SCHOOLS ALL OUR CHILDREN DESERVE CAMPAIGN AND A CAMPAIGN TO SUPPORT COMMUNITY SCHOOLS IN NEW YORK CITY COMMUNITY ASSET 26-4753821 501(C)(3) 11,000 DISCRETIONARY DEVELOPMENT GRANT REDEFINING EDUCATION (CADRE) 8410 SOUTH BROADWAY LOS ANGELES, CA 90003 13-3062214 501(C)(3) 40,000 THE NEW YORK A PHILANTHROPIC COMMUNITY TRUST COLLABORATIVE COMMUNITY FUNDS INC FOCUSED ON THE NEW YORK IMPROVING SYSTEM-COMMUNITY TRUST WIDE POLICY NEW YORK, NY 10022 REFORM IN NEW YORK

CITYS PUBLIC SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance EDITORIAL PROJECTS IN 53-0246895 501(C)(3) 40,000 TO EXPAND EDUCATION WEEKS EDUCATION 6935 ARLINGTON ROAD CAPACITY TO **SUITE 100** DELIVER BETHESDA, MD 20814 INSIGHTFUL, IMPACTFUL DATA-DRIVEN JOURNALISM ON EQUITY ISSUES 20-5924561 501(C)(3) 15,000 TO SUPPORT LOUISIANA'S PEOPLES AGENDA

(e) Amount of non- (f) Method of valuation

(q) Description of

(h) Purpose of grant

FAMILIES AND FRIENDS OF LOUISIANAS INCARCERATED CHILDREN (FFLIC) 1307 ORETHA CASTLE HALEY BOULEVARD

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(b) EIN

(a) Name and address of

FOR EDUCATION CAMPAIGN NEW ORLEANS, LA 70113

04-3697166 501(C)(3) 35,000 TO SUPPORT THE

GIRLS GENDER EOUITY 30 THIRD AVE SUITE 103

SCHOOL OUR GIRLS DESERVE CAMPAIGN BROOKLYN, NY 11217

(e) Amount of non- (f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (q) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government other) assistance KENWOOD OAKLAND 36-2598637 501(C)(3) 50,000 ITO SUPPORT COMMUNITY NATIONAL ORGANIZATION COMMUNITY 4242 S COTTAGE GROVE SCHOOLS CAMPAIGN CHICAGO IL 60652 PORT THE RLEANS TION EQUITY

CHICAGO,IL 00033					
KIDS RETHINK NEW	33-1203055	501(C)(3)	20,000		TO SUPPO
ORLEANS SCHOOLS					NEWORL
2020 OC HALEY BLVD					EDUCATI
NEW ORLEANS, LA 70113					CAMPAIG

LOUISIANA CENTER FOR 20-5961971 501(C)(3) 23,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS.LA 70122

TO SUPPORT THE CHILDREN'S RIGHTS NEW ORLEANS 1100-B MILTON STREET

EDUCATION EQUITY

CAMPAIGN

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance MASSACHUSETTS BUDGET 04-2967537 501(C)(3) 30,000 TO SUPPORT AND POLICY CENTER MASSACHUSETTS 15 COURT SQUARE SUITE FAIR SHARE 700 CAMPAIGN BOSTON, MA 02108 04-2863903 501(C)(3) 20,000 TO SUPPORT MASSACHUSETTS

(e) A mount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

MASSACHUSETTS COMMUNITIES ACTION NETWORK (MCAN) FAIR SHARE 150 MT VERNON ST SUITE CAMPAIGN 200E BOSTON, MA 02125

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

20-0667808 10,000 TO SUPPORT THE NATIONAL BLACK JUSTICE 501(C)(3) COALITION WHITE HOUSE PO BOX 71395 SUMMITS LGBTQ WASHINGTON.DC 20024 YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (b) EIN (d) Amount of cash (q) Description of (h) Purpose of grant (a) Name and address of (c) IRC section (e) A mount of non- (f) Method of valuation (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) NATIONAL ECONOMIC 73-1714118 501(C)(3) 100,000 TO SUPPORT ZERO AND SOCIAL RIGHTS TOLERANCE INITIATIVE CAMPAIGN 90 JOHN STREET STE 308 NEW YORK, NY 10038 NETWORK FOR PUBLIC 35-2532243 501(C)(4) 10,000 TO SUPPORT **EDUCATION** COMMUNITY 117-01 PARK LANE SOUTH ACTIVIST APT C2A SCHOLARSHIPS TO RICHMOND HILL, NY ATTEND THE 2016 11418 NPE CONFERENCE 31-1145926 501(C)(3) 147,000 OHIO STATE UNIVERSITY ТО СОМВИСТРИОТ 33 WEST 11TH AVENUE RESEARCH FOR NEW ROOM 209 ORIFANS AND AN COLUMBUS, OH 43201 ADDITIONAL CITY TO IDENTIFY INDICATORS FOR THE HEALTHY LIVING LEARNING CAMPAIGN AND TO SUPPORT NATIONAL IMPLICIT BIAS AND SCHOOL DISCIPLINE RESEARCH AND

CAPACITY BUILDING

INITIATIVE

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance ONE VOICE 02-0787550 501(C)(3) 60,000 TO SUPPORT 1072 W LYNCH STREET BUILDING PUBLIC JACKSON, MS 39203 WILL FOR HEALTHY LIVING AND ILEARNING COMMUNITIES CAMPAIGN IN MISSISSIPPI UPPORT

(e) Amount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

PENNSYLVANIA

					111331331111
ORLEANS PUBLIC EDUCATION NETWORK (OPEN) 3321 TULANE AVENUE NEW ORLEANS, LA 70119	80-0378257	501(C)(3)	15,000		TO SUPPORT LOUISIANA'S PEOPLES AGENDA FOR EDUCATION CAMPAIGN
PHILADELPHIA STUDENT	23-2815998	501(C)(3)	15,000		TO SUPPORT

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

CAMPAIGN FOR FAIR UNION 4534 BALTIMORE AVENUE EDUCATION PHILADELPHIA, PA 19143 FUNDING IN

(d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (q) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance PUBLIC POLICY AND 13-3364209 501(C)(3) 60,000 TO SUPPORT THE EDUCATION FUND OF NEW CAMPAIGN FOR YORK INC FISCAL EQUITY IN 94 CENTRAL AVE INEW YORK ALBANY, NY 12206 PYRAMID COMMUNITY 90-0149460 501(C)(3) 15,000 FOR NETWORKING. PARENT RESOURCE COMMUNICATION CENTER AND POLICY 3132 NAPOLEON AVE ADVOCACY TO NEW ORLEANS, LA 70125 ADDRESS EDUCATION EQUITY ISSUES IN NEW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ORLEANS RACE FORWARD 94-2759879 501(C)(3) 25,000 TO SUPPORT 2016 32 BROADWAY SUITE 1801 FACING RACE NATIONAL NEW YORK, NY 10004 CONFERENCE IN

ATLANTA, GA

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ROCKEFFILER 13-3615533 501(C)(3) 30,000 TO SUPPORT THE PHILANTHROPY ADVISORS EXECUTIVES 6 WEST 48TH STREET10TH ALLIANCE TO FLOOR EXPAND OPPORTUNITIES FOR NEW YORK, NY 10036 BOYS AND MEN OF COLOR, WORKING TO REMOVE SOCIAL AND SYSTEMIC BARRIERS TO OPPORTUNITIES SOF RT THE NITY TO

(e) A mount of non- (f) Method of valuation

(h) Purpose of grant

PENNSYLVANIA

(g) Description of

					FOR MALES OF COLOR
RURAL COMMUNITY ALLIANCE 401 S SCOTT STREET SUITE 7 LITTLE ROCK,AR 72201	25-1917387	501(C)(3)	30,000		TO SUPPORT THE ARKANSAS OPPORTUNITY TO LEARN CAMPAIGN
EDUCATION VOTERS OF	04-3457065	501(C)(3)	10,000		TO SUPPORT

EDUCATION VOTERS OF 501(C)(3) 10,000 04-345/065 PENNSYLVANIA CAMPAIGN FOR FAIR 675 MASSACHUSETTS AV

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(b) EIN

(a) Name and address of

CAMBRIDGE, MA 02139

EDUCATION 8TH FLOOR FUNDING IN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (d) A mount of cash (f) Method of (a) Name and address of (b) EIN (c) IRC section (e) Amount of non-(q) Description of (h) Purpose of grant valuation non-cash assistance organization if applicable grant cash or assistance or government (book, FMV, appraisal, assistance other) SOCIAL & ENVIRONMENTAL 95-4116679 501(C)(3) 20,000 TO SUPPORT THE **ENTREPRENEURSBREAKOUT** NEW ORLEANS EDUCATION EQUITY 23532 CALABASAS RD SUITE A CAMPAIGN CALABASAS, CA 91302 **SOUTHERN ECHO** 64-0819311 501(C)(3) 35,000 TO SUPPORT THE 1350 LIVINGSTON LANE MISSISSIPPI BALLOT SUITE C INITIATIVE JACKSON, MS 39213 95-6006143 501(C)(3) 945,000 THE REGENTS OF THE TO RESEARCH AND UNIVERSITY OF DISSEMINATE CALIFORNIA EXAMPLES OF CENTER FOR POLICING EFFECTIVE SCHOOL EOUALITY DISCIPLINE LOS ANGELES, CA 90095 POLICIES AND PRACTICES THAT CAN HELP ELIMINATE EXCESSIVE AND RACIALLY DISPARATE DISCIPLINARY EXCLUSION FOR STUDENTS WITH AND WITHOUT LEARNING DISABILITIES AND TO SUPPORT RESEARCH STUDY TO ADDRESS THE SCHOOL-TO-PRISON PIPELINE IN BROWARD COUNTY PUBLIC SCHOOLS IN

FLORIDA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance THIRD SECTOR NEW 04-2261109 501(C)(3) 25,000 ITO SUPPORT ENGLANDBUILDING COMMUNITY/LABOR MOVEMENT PROJECT PRO JECT 89 SOUTH STREET STE 700 BOSTON, MA 021112670 TIDES FOUNDATIONMEDIA 501(0)(3) 10 000 51-0108500 TO SUPPORT FAIR

FAIR

PENNSYLVANIA

AREA UNIT NAACP PO BOX 29198 SAN FRANCISCO,CA 94109	31 0130303	301(0)(3)	10,000		CAMPAIGN FOR F EDUCATION FUNDING IN PENNSYLVANIA
URBAN LEAGUE OF PHILADELPHIA	23-1429810	501(C)(3)	10,000		TO SUPPORT CAMPAIGN FOR F

121 SOUTH BROAD STREET EDUCATION FLOOR 9 FUNDING IN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PHILADELPHIA, PA 19107

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 15.000 VIETNAMESE AMERICAN 33-1143213 TO SUPPORT YOUNG LEADERS LOUISIANA'S ASSOCIATION NEW PEOPLES AGENDA DUCATION AIGN

FAIR SHARE CAMPAIGN

ORLEANS 13235 CHEF MENTEUR HWY SUITE A NEW ORLEANS, LA 70129					FOR EDUCATION CAMPAIGN
YOUTHBUILD USA 58 DAY STREET	22-3076454	501(C)(3)	25,000		TO SUPPORT THE MASSACHUSETTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

58 DAY SIREEI SOMERVILLE MA 02144

Schedule J

(Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493128008967 OMB No 1545-0047

2015

Open to Public Inspection

	ne of the organization SCHOTT FDTN FOR PUBLIC EDUCATION	Employer identification number					
Inc	SCHOTT FUTIL FOR PUBLIC EDUCATION	04-3457065					
Pa	rt I Questions Regarding Compensation		•				
						Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Г	Housing allowance or residence for	personal use			
	Travel for companions		Payments for business use of person	onal residence			
	Tax idemnification and gross-up payments	√	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Г	Personal services (e g , maid, chau	ffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
2							
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	apply	Do not check any boxes for method	ds			
	✓ Compensation committee	√	Written employment contract				
	✓ Independent compensation consultant	✓	Compensation survey or study				
	Form 990 of other organizations	✓	Approval by the board or compensa	ation committee			
4	During the year, did any person listed on Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to t	the filing organization			
а	Receive a severance payment or change-of-control pa	yment	t?		4a		Νo
b	Participate in, or receive payment from, a supplement	al nond	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-base	ed cor	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ide the	e applicable amounts for each item i	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization		-				
5	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a	, did the organization pay or accrue a	any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue a	any			
а	The organization?				6 a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," des			n-fixed	7	Yes	
8	Were any amounts reported on Form 990, Part VII, pa subject to the initial contract exception described in R in Part III				8		No
9	If "Yes" on line 8, did the organization also follow the r section 53 4958-6(c)?	ebutta	able presumption procedure describe	ed in Regulations	9		110
For F	aperwork Reduction Act Notice, see the Instructions for	or Fort	n 990. Cat No 5	0053T Schedule		m 990	2015

Page 2

CHIEF OPERATING OFFICER

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule 3, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990. Part VII

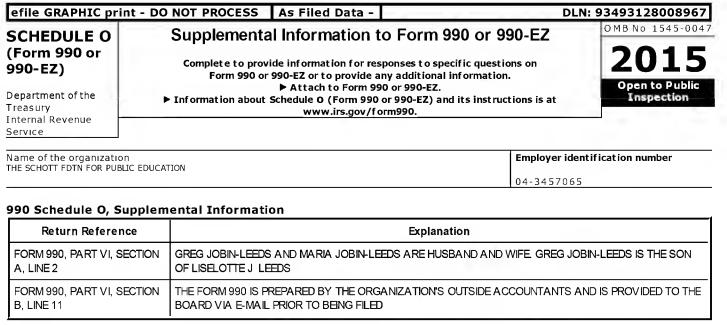
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual								
(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation in
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 JOHN H JACKSON PRESIDENT & CEO	(i)	329,706	50,000	900	26,800	24,969	432,375	0
	(ii)	0	0	0	0	0	0	0

(A) Name and Title		(D) Dicardonii o	1 11 2 ana/or 1033 1111	oc compensation	(C) Recircine and	(D) Nontakabic	(L) Total of Columns	column(B) reported as deferred on prior Form 990	
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
1 JOHN H JACKSON PRESIDENT & CEO		329,706	50,000	900	26,800	24,969	24,969 432,375	0	
	(ii)	0	0	0	0	0	0	0	
2 CASSIE SCHWERNER SENIOR VP OF PROGRAMS	(i)	168,157	0	900	14,000	28,467	211,524	0	
	(ii)	0	0	0	0	0	0	0	
3 HEIDI BROOKS	(i)	164,904	0	900	0	17.795	183,599	0	

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015	Page 3					
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference Explanation						
Ret urn Ref erence	Explanation					
	Explanation ALL EMPLOYEES, INCLUDING THE PRESIDENT AND CEO ARE ELIGIBLE TO BE REIMBURSED \$75 PER MONTH FOR HEALTH CLUB MEMBERSHIP					

Schedule J (Form 990) 2015



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, ALL DIRECTORS REVIEW A LIST OF CURRENT GRANTEES AND VENDOR SIGNIFICANT PARTNERS AND DECLARE ANY CONFLICTS OR POTENTIAL CONFLICTS THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY ALL OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN AN ANNUAL ACKNOWLEDGEMENT THAT THEY HAVE RECEIVED A COPY OF THE POLICY, UNDERSTAND IT, AND AGREE TO ABIDE BY ITS TERMS
FORM 990, PART VI, SECTION B, LINE 15	THE PROCESS OF DETERMINING INITIAL COMPENSATION OF THE ORGANIZATIONS CHIEF EXECUTIVE OFFIC ER AND OTHER OFFICERS AND KEY EMPLOYEES INCLUDES A REVIEW BY AN OUTSIDE SEARCH FIRM A SET OF PARAMETERS INCLUDING SALARY AND JOB DESCRIPTION GUIDELINES IS CONVEYED TO THE RECRUITM ENT FIRM WILL SEEK OUT INDIVIDUALS WITH THE APPROPRIATE BACKGROUND A ND ALSO MAKE RECOMMENDATIONS AS TO THE COMPARABLE SALARIES FOR SIMILAR POSITIONS THE BASIS OF THE COMPENSATION DECISION IS DOCUMENTED AND BASED ON A DETERMINATION THAT THE AMOUNT PAID IS NO MORE THAN REASONABLE IN VIEW OF SERVICES RENDERED THE EXECUTIVE COMMITTEE MANAGES THIS PROCESS AND MAKES A RECOMMENDATION TO THE FULL BOARD

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
VI, SECTION C,	STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. AN INTERESTED PARTY MAY MAKE A REQUEST DIRECTLY
LINE 19	TO THE ORGANIZATION ADDITIONALLY, THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE VIA
	THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE.

Explanation

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493128008967OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at $\underline{www.irs.qov/form990}$.

Cat No 50135Y

Name of the organization THE SCHOTT FDTN FOR PUBLIC EDUCATION					tification number		
Part I Identification of Disregarded Entities Compl	ato if the organization s	answered "Ves" on	Form 000 Part I	04-3457065			
Part I Identification of Disregarded Entities Comple (a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) (d)		(d)	(e) of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t	the tax year.						
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3		Section (13) co	
(1)CAROLINE & SIGMUND SCHOTT FUND 675 MASSACHUSETTS AVENUE 8TH FL	PRIVATE GRANTMAKING FOUNDATION	DE	501(C)(3)	PF	N/A	Yes	No
CAMBRIDGE, MA 02139 11-2856561 (2)THE OPPORTUNITY TO LEARN ACTION FUND 675 MASSACHUSETTS AVENUE 8TH FL	ADVOCACY ORGANIZATION - EDUCATIONAL	DC	501(C)(4)	N/A	N/A	Yes	
CAMBRIDGE, MA 02139 27-4836929					1970		

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV,	ine 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	\	(c) Legal domicile (state or foreign country)	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) irtionate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ral or aging	(k) Percentag ownershi
			314)			Yes	No		Yes	No	
			-						<u> </u>	ļ .	1
			 -					-	 		_
			-						\vdash		
									\vdash		
			}						+		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	Share of end- Percentage of-year ownership		Share of end- of-year Percentage ownership			
								Yes	No			

(3)OPPORTUNITY TO LEARN ACTION FUND

(4)OPPORTUNITY TO LEARN ACTION FUND

Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 D	During the tax year, did the orgranization engage in any of the following tr <mark>ansactions with one or more relat</mark> ed organi	ızatıons lıs	ted in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No		
b	b Gift, grant, or capital contribution to related organization(s)								
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		No		
g					1 g		No		
h	Purchase of assets from related organization(s)				1h		No		
i	Exchange of assets with related organization(s)				1i		No		
	Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes			
					1m	1	No		
	Performance of services or membership or fundraising solicitations by related organization(s)				\vdash	Yes			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				\vdash	res	N.		
0	Sharing of paid employees with related organization(s)				10		No		
	David was and the male to decrease the selection of the s				1p		No		
P	Reimbursement paid to related organization(s) for expenses				\vdash	Yes	NO		
q	Reimbursement paid by related organization(s) for expenses				1q	165			
					-		- NI		
	Other transfer of cash or property to related organization(s)				1r		No		
S	Other transfer of cash or property from related organization(s)				1s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	cluding co	vered relationships	and transaction thresholds					
	(a) (b) Name of related organization Transac type (a	tion	(c) Amount involved	(d) Method of determining am	ount ır	ıvolved			
(1) CA	AROLINE & SIGMUND SCHOTT FUND C	,	1,061,000	CASH					
(2)CA	AROLINE & SIGMUND SCHOTT FUND		10,000	CASH					

N

4,409

23,804

CASH

CASH

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions				ment	partnerships										
(a) Name, address, and EIN of entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	total end-of-year	ear allocations?		(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			
												1 1			
													_		
	i														
													_		

